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**CONFIRMATION NO. 4723**

Bb Data Sheet

SERIAL NUMBER 09/679,043	FILING DATE 10/04/2000 RULE	CLASS	GROUP ART UNIT 1641	ATTORNEY DOCKET NO. REF/Sundrehagen/127
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APPLICANTS

Erling Sundrehagen, Oslo, NORWAY;
 Lars Orning, Oslo, NORWAY;

**** CONTINUING DATA *******

THIS APPLICATION IS A CON OF PCT/GB99/03127 09/20/1999

**** FOREIGN APPLICATIONS *******

UNITED KINGDOM 9820473.8 09/18/1998

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 11/27/2000

Foreign Priority claimed	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY NORWAY	SHEETS DRAWING 2	TOTAL CLAIMS 27	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after				
Verified and Acknowledged	<i>Olafur</i> <i>LVC</i> Examiner's Signature Initials				

ADDRESS

Bacon & Thomas PLLC
 625 Slaters Lane 4th Floor
 Alexandria, VA 22314-1176

TITLE

Cobalamin assay

FILING FEE RECEIVED 966	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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APPLICATION NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO
09/679,043	10/04/2000	436	1641	REF/SUNDREHA

APPLICANT
ERLING SUNDREHAGEN, OSLO, NORWAY; LARS ORNING, OSLO, NORWAY.

CONTINUING DOMESTIC DATA***
VERIFIED THIS APPLN IS A CON OF 00/003,127 09/20/1999

371 (NAT'L STAGE) DATA***
VERIFIED

FOREIGN APPLICATIONS***
VERIFIED UNITED KINGDOM 9820473.8 09/20/1998

FOREIGN FILING LICENSE GRANTED 11/27/2000

Foreign priority claimed 35 USC 119 (a-d) conditions met	O yes O no O yes O no O Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
Verified and acknowledged _____ Examiner's Name Initials		NOX	2	27	1

ADDRESS
BACON & THOMAS PLLC
625 SLATERS LANE 4TH FLOOR
ALEXANDRIA , VA 22314-1176

TITLE
COBALAMIN ASSAY

FILING FEE RECEIVED \$*****0	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of Time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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